

State/Territory: FLORIDA

- b. Must have two years of undergraduate course work or Associates degree related to the field and year for year experience in mental health equivalent to the educational requirements in a.
 - c. Must have completed or complete within one year of enrollment, Health and Rehabilitative Services approved case management training and complete periodic retraining as required by the Alcohol, Drug Abuse, and Mental Health Program Office.
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
- 1. Eligible recipients will have free choice of the providers of case management services.
 - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payment made to public agencies or private entities under other program authorities for this same purpose.

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Supersedes
TN No. 90-45

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState/Territory: Florida**CASE MANAGEMENT SERVICES****A. Target Group:**

By invoking the exception to comparability allowed by 1915 (g) (1) of the Social Security Act, this service will be reimbursed when provided to:

All Medicaid eligible children, ages 0-21, who have been placed under protective supervision by a protective investigator based on a determination of either some indication of maltreatment or verified maltreatment, or have been court ordered into shelter or foster care. (See Chapters 415 and 39, F.S.)

B. Areas of the State in which services will be provided:

The authority of section 1915 (g) (1) of the Act is invoked to provide services on a less than statewide basis. Services shall be provided in Sarasota and Manatee Counties.

C. Comparability of Services:

Services are not comparable in amount, duration and scope. Authority of section 1915 (g) (1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a) (10) (B) of the Act.

D. Definition of Services:

Case management is defined as those activities which will assist individuals eligible under the Plan in gaining access to needed medical, social, educational, and other services. The case manager, in partnership with the child, family, significant others, or identified caregivers, facilitates access to and coordinates the services, treatments and supports necessary to achieve the goals and objectives stated in the service plan.

Case management activities include:

1. Completion of a comprehensive needs assessment which identifies the service needs of the child. The process of completing the needs assessment includes assisting the eligible child in obtaining access to providers who will perform the full range of assessments necessary to identify the biological, psychological, social, developmental and environmental aspects of the child's needs.

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full range of assessments necessary to identify the biological, psychological, social, developmental and environmental aspects of the child's ~~and family's~~ needs.

2. Assuring ~~the child and family's~~ access to the needed services and supports which have been identified in the assessment of the eligible child and are reflected in the child's service plan. ~~These services, including education, treatment and familial support, shall be designed to advance the achievement of stability within for the child and family.~~
3. ~~M~~Ongoing monitoring and ~~reviewing~~ follow-up of the services and supports being provided as indicated in the service plan. ~~to~~ This includes determining the degree to which the plan is being followed, progress is being achieved on plan objectives, and ensuring that services are coordinated with the active participants in the child's life. Monitoring is accomplished through face-to-face, telephone, or written contact with the child or others on behalf of the child (physicians, therapists, teachers, other service providers, etc.), as appropriate. stability within the child and family is being achieved.
4. Development of a service plan that identifies services, assistance, and activities which are needed to address the child's needs that are represented in the comprehensive needs assessment. Service planning includes Pparticipating in service planning meetings with the child, family members and appropriate others (physicians, therapists, teachers, other service providers) to develop goals, objectives and tasks directed toward addressing the child's needs in all areas., educational planning conferences and The case manager is responsible for ~~other~~ activities ~~as appropriate to~~ that will assure that the unique needs of the child ~~and family~~ are being addressed, and ~~to for promotinge the~~ integration and continuity of services.
5. Developing referral review packets.
6. Referring the child ~~and family~~ to service providers and establishing a linkage between providers for the child ~~and family~~.
7. Activities to assist the child in accessing needed services and service providers so that the objectives and goals identified in the service planning documents can be achieved. The case manager is responsible for coordinating and ensuring continuity of services (social, medical, educational, etc.) for the child by multiple providers, involving and updating them on developments in the child's situation and advocating on behalf of the child for needed community resources. Arranging and facilitating meetings as necessary to promote the integration and continuity of care.

8. Communicating and collaborating with the biological parents or other family members as appropriate regarding the child's care, needs and progress if the child is in foster/out of home care.
9. Making home visits and phone calls for the purpose of assessing, arranging, integrating and coordinating the services and supports which have been identified as necessary to achieve the child's stability.
10. Encouraging and supporting the child and family's participation in the services offered as part of the case plan.

Activities that are not included are:

1. Title IV-E eligibility determination and redetermination.
2. Initial and annual adoption subsidy development, review, and processing.
3. Transportation.
4. Consultation with child welfare legal services, preparing legal documents, court preparation and appearances, staff travel related to court preparation and appearances.
5. Performing adoption pre-placement and placement activities, arranging termination of parental rights.
6. Placement services including locating initial out-of-home care, managing the disruption of a placement and re-placement if necessary. Working with the foster family to avoid disruptions and coordination of placement visits.
7. Relative Caregiver Program oversight.

E. Qualifications of Providers:

Providers will be approved and certified by either the designated public entity or the eligible lead community based privatization provider. (Chapter 409.1671, F.S.) Payment for services will be made to the case management provider. The public or community based provider will accept applications for provider enrollment from any provider meeting the following requirements:

1. Agency providers must meet all of the following criteria:
 - a. Be knowledgeable of and comply with state and federal statutes, rules and policies that pertain to this service and target population.
 - b. Have the ability to administer case management services to the target population as evidenced by: ~~1) a current contract with the district Department of Children and Families; 2) agency and individual provider certification by the district Department of Children and Families, and 3)~~ sufficient numbers of managerial staff, targeted case management supervisors and certified case managers.
 - c. Be a community based provider agency with at least five years of prior professional experience with this target population, ~~and a contractual or formally participating member in a designated child welfare privatization project as authorized by section 409.1675, FS.~~
 - d. Have the financial management capacity and system to provide documentation of costs.
 - e. Have established linkages with the local network of human services providers, schools and other resources in the service area.
 - f. Have a Quality Improvement Program with written policies and procedures, which include an active case management peer review process and ongoing recipient and family satisfaction surveys.
 - g. Have established pre-service and in-service training programs that promote the knowledge, skills, and competency of all case managers.
 - h. Have an established credentialing process which will assess and validate the qualifications of all case managers and supervisors of case managers.
 - i. Have the capacity to provide supervision by a person who has a Masters degree in a human services field and three years of professional case management experience or other professional experience serving this target population. In

addition, the individual must have completed the state approved child welfare and case management training and any other training, including periodic retraining, which is required and offered by the Department of Children and Families.

- j. Maintain for a period of five years after the delivery of service, programmatic records that include clearly identified targeted case management certifications for eligibility, assessments, services plans and service documentation.
 - k. Cooperate with and participate in monitoring conducted by the Agency for Health Care Administration and the Department of Children and Families, Office of Family Safety and Preservation.
2. Agency providers agree that the services identified below shall constitute the minimum amount of service to be provided by the targeted case manager to the child ~~and family~~ on a monthly basis.
- a. A home visit which shall include a face-to-face meeting with the child. The home visit shall be for the purpose of assessing the child and family's progress toward the achievement of the goals and objectives which specifically pertain to the child's needs and stability in the living environment ~~family~~ and are stated in the service plan.
 - b. The case manager shall have verbal (i.e., telephonic or face-to-face) or written contact with a minimum of two separate providers who are rendering services to the child or the child's and family as related to assisting the child toward achievement of identified needs. This contact shall be for the purpose of determining whether the child, and family as appropriately related to meeting the child's needs, are responding to services and if said services are appropriate and rendered at the correct level of intensity.
 - c. A second face-to-face visit with the child, which may occur in the home or in the setting in which the child spends most of his or her time. The case manager shall observe the child and assess whether or not his or her level of functioning has remained unchanged, improved, deteriorated or stabilized.
 - d. The case manager shall complete or obtain at least one of the following:
 - 1. A client satisfaction survey
 - 2. A Current Status Summary that includes descriptions of functional issues, behavior problems, or developmental concerns. The summary is developed by gathering information from various service providers, teachers, family

members or caretakers, and other significant individuals involved in the child's life. A functional assessment

~~3. A behavioral assessment~~

~~4. A developmental assessment, or~~

3.5. A comprehensive summary statement which depicts the child's and family's progress toward the achievement of established goals and objectives and addresses the status of the child's stability within the identified living environment.

3. Individual case manager providers must meet all of the following criteria:
 - a. Be employed by or under contract with an agency that has been certified by the Agency for Health Care Administration as qualified to provide case management services to the target population.
 - b. Have a minimum of a baccalaureate degree from an accredited university, with major course work in the areas of psychology, social work, child development or a related human services field and have a minimum of one year of professional experience working with children who have been abused, neglected or abandoned, or are at risk of abuse, neglect or abandonment.
 - c. Have successfully completed the state mandated child welfare and case management training and any other training, including periodic retraining, which is required and approved by the Department of Children and Families.
 - d. Be certified by the Department of Children and Families district office as meeting the requirements to be a Children's Protection Group targeted case manager.
 - e. Be enrolled as a Medicaid approved individual treating provider, Provider Type 32.
 - f. Specific to the identified service area, have knowledge of the resources that are available for children who are abused, neglected or abandoned or at risk for abuse, neglect or abandonment.
 - g. Be knowledgeable of, and comply with, the state and federal statutes and rules and policies that pertain to this service and target population.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902 (a) (23) of the Act.

1. Eligible recipients will have free choice of the individual case management providers.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan shall not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

1. Providers shall bill a monthly rate of \$450.00 per child. In order for reimbursement to occur, the clinical record must contain documentation, which indicates that the services identified above in section E-2a-d, were provided.